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CONFIRMATION NO. 8299

<b>SERIAL NUMBER</b> 09/921,851	<b>FILING OR 371(c) DATE</b> 08/03/2001 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 101.0084-02000
<b>APPLICANTS</b> Gary K. Michelson, Venice, CA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/457,228 12/08/1999 PAT 6,827,740				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/20/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> not after Allowance		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 10
Verified and Acknowledged Examiner's Signature: [Signature] Initials: [Initials]		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 22882				
<b>TITLE</b> Spinal implant surface configuration				
<b>FILING FEE RECEIVED</b> 896	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	